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ASK A PHARMACIST

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What pharmacy resources are particularly helpful when my patient is admitted or discharged from the hospital?

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Of the many services pharmacy provides, there are a few that pharmacists wish providers knew more about and would use more often, particularly in the circumstances described below.

- **Medication Reconciliation:** Pharmacists have great resources to draw from that can help construct an accurate medication list. Triangulating information from the patient, outpatient pharmacies, past medication records both hospital and PCP, medication administration records, and fill dates from insurance claims helps build accuracy critical for maintaining patient safety.
- **Drug Information:** Drug information is more than what dose to give and how often. Pharmacy can provide a wealth of information such as what populations the drug was studied in, what discontinuation symptoms may look like, which side effects may mimic initial disease presentation, and more.
- **Discharge Counseling:** Pharmacists in New York are required to counsel patients on every new prescription, but therapies in hospitals are often reshaped and molded to best meet the patient's needs. A pharmacist is in a good position to provide education and perspective that encompasses all of the patient's therapies, not just the new prescriptions.

Consider requesting assistance from pharmacy for one or more of these services when your patient has:

- Chronic medical conditions but no medications (or very few) are recorded in the history. For example, a diabetic with CAD that is only on a calcium supplement.
- Duplicative medications in the medical history and the current, active drug needs to be identified. For example, a CHF patient on atenolol, metoprolol, carvedilol, lisinopril, valsartan, and losartan.
- Chronic medications known to have significant drug interactions. For example, a patient with atrial fibrillation on warfarin and amiodarone.
- Conditions that affect drug metabolism and elimination such as poor renal function or poor liver function; affect drug distribution such as cachexia, morbid obesity, or malnutrition, affect drug administration such as NPO status or lack of intravenous access.
- High-alert medications, since these medications carry a greater risk of harm if an error is made. See <http://www.ismp.org/tools/highalertmedications.pdf> for a list of high alert medications.
- Several dietary supplements, vitamins, or minerals in their history.
- Recent onset of symptoms where a medication adverse effect or supratherapeutic effect is suspected.